



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/473,502	<b>FILING DATE</b> 12/28/1999 <b>RULE</b> -	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 02581-P0149A	
<b>APPLICANTS</b> SIMON SOLINGEN, LOS ANGELES, CA ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 31 453C2 07/22/1999  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/08/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b>  WESLEY W WHITMYER JR ST ONGE STEWARD JOHNSTON & REENS LLC 986 BEDFORD STREET STAMFORD, CT 069055619					
<b>TITLE</b> MEDICAL INSTRUMENT, PARTICULARLY A SURGICAL INSTRUMENT					
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		